

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/08/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445254	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  12/05/2010
NAME OF PROVIDER OR SUPPLIER  ONEIDA NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18805 ALBERTA DR ONEIDA, TN 37841	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1965 K7 SURVEY UNDER: 2000 EXISTING K8 56-bed SNF/NF	K 000		
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exit discharge for two (2) of five (5) exits were lighted so the failure of any single lighting fixture (bulb) would not leave the area in darkness (NFPA 101, 7.8.1.4). The findings include: Observation and interview with the Maintenance Supervisor, on December 5, 2010 at 10:30 a.m. confirmed the outside lights at the end of two (2) resident halls exiting the building were single bulb fixtures.	K 045	1 Additional two bulbs fixtures were added at exit discharge of 400 & 500 hall. Light fixtures were connected to generator to provide continuous illumination during any power interruption. 2 Environmental Services will Monitor fixtures weekly x 3 months and then periodically. 3 Environmental Services will report to the Quality Assurance Committee monthly for compliance. The Quality Assurance Committee members are The Medical Director, Administrator, Director of Nursing, Asst. Director of Nursing, Social Services, Rehab Services, Medical Records, Dietary Manager, Minimum Data Set Nurse, Environmental Supervisor, and Maintenance Director.	12/10/10
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	1 On December 14, we began seeking bids for the installation of an annunciator panel to the generator. 2 Once we receive two (2) adequate quotes for the installation of the annunciator panel,	1/21/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Angie Whitwood*

TITLE

*Administrator*

(X5) DATE

*12/14/10*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 144	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the emergency generator was provided with a remote annunciator in a continuously occupied area. (NFPA 99, -4.1.1.15). The findings include: Observation and interview with the Maintenance Director, on December 5, 2010 at 11:30 a.m., confirmed the emergency generator was not provided with a remote annunciator in the building.	K 144	2 cont. the annunciator panel will be installed by January 21, 2011. 3 After the annunciator panel is installed, we will inspect it weekly for four (4) weeks, then monthly to ensure it is functioning properly. 4 The results of the inspections will be reported to the Quality Assurance committee at the monthly meeting until which time it is deemed to be functioning at it's expected level.	1/21/11	